## Foster Family Home - Corrective Action Report

Provider ID:	4-561078			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the same of th	
Home Name:	Louie Bernardo	, CNA	Review ID:	1-561078-3	A LOSSON LY CO. C.		ES RECO-CETANO-COCINIMEN AND TO REPORT COMPONING SCHOOL PLAN IN THE SECRETARY SHARE PROPERTIES CONTRACT.
3423 Likini Street	t		Reviewer:				1
Honolulu	н	96818	Begin Date:	11/4/2016	End Date:	11/4/	16
Foster Family	Home Re	quired Certificati		117	1454-67		
6.(d)(1)	Comply with al	l applicable requirer	ments in this cha	apter, and			
Comment:	***********						***************
Home visit for a Home will recei	2 person CCFF	H recertification re	eview made or	n 11/4/16. Hom	e is in comp	liance wit	h all requirements.
FIGHTE WILL TECE	ve a 2 year 2 be	d ceruncation.					
	Compliance	Manager		· · · · · · · · · · · · · · · · · · ·	Date	e	
	1_	5 M	/				// .
	Primary Car	e Giver	_		Dat	11/4/	
Page 1 of 1	, ,	•			Dat		11/4/2016 18:32 PN

11/4/2016 18:32 PM